Docket No.:	
-------------	--

APPLICA ON FOR UNITED STATES PATENT **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor ED

if plural inventors at PROCESSES FOR	re named below) of the s R MANUFACTURING	subject matter which is clain FLEXIBLE PRINTE	med and for which a patent is sought of BOARD AND THE RESUL	n the invention entitled:
	ed in the specification:			
Check one	•			
*a. 🗀	attached hereto.			
b. 🔲	filed on as Applie	cation No and amer	nded on (if applicable).	
· · · · · · · · · · · · · · · · · · ·			ents of the above-identified specificat	ion, including the claims, as
	endment referred to above			
l acknowle 7, Code of Federal		e to the Office all informat	tion known to me to be material to par	tentability as defined in Title
		•		or United States provisional
Japa	nese Patent App	olication No.11-1	11422 filed January 20,	1999
States of America ei		car prior to this applicatio		
Carrier				
i nereby	appoint the following a	pilication No and amended on (if applicable). weed and understand the contents of the above-identified specification, including the claims, as bove. lose to the Office all information known to me to be material to patentability as defined in Title 19, the priority benefits of the following foreign application(s) and/or United States provisional to this application are hereby claimed: application No. 11-11422 filed January 20, 1999 or patent or inventor's certificate on this invention were filed in countries foreign to the United ne year prior to this application, or (b) before the filing date of the above-named foreign priority in a part of the priority in the Patent Office: Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and Mario A. Costantino, Reg. No. 33,565. NECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, A, VIRGINIA 22320, TELEPHONE (703) 836-6400. Newed and understand the contents of this Declaration, and that all statements made herein of my ements made on information and belief are believed to be true; and further that these statements fill false statements and the like so made are punishable by fine or imprisonment, or both, under tates Code and that such willful false statements may jeopardize the validity of the application or Month Day Year Jan. /9 2000 Month Day Year Lapan City State or Province Country		
The state of the s	Kirk M. Hu	dson, Reg. No. 27,562; Th alker, Reg. No. 31,450; Ro	nomas J. Pardini, Reg. No. 30,411; obert A. Miller, Reg. No. 32,771 and	I
				TO OLIFF & BERRIDGE,
own knowledge are were made with the	true and that all statem knowledge that willful le 18 of the United State	ents made on information false statements and the lil	and belief are believed to be true; and ke so made are punishable by fine or	further that these statements imprisonment, or both, under
pewritten Full Nam	ie	-3		77 3 .
First or Sole Inven	tor Yui		20111 7 111	
			Middle Initial	
Inventor's Signature			10	
Date of Signature:	 			
Residence:	Tochia		Day	
			State or Province	
Citizenship:	Japanese		DIEST OF LEVELING	
•	Post Office Address: (Insert complete	c/o Sony Chemic	cals Corp. Dai-2 Facto	fication, including the claims, as a patentability as defined in Title and/or United States provisional 20, 1999 In countries foreign to the United the above-named foreign priority and revocation to prosecute this 3; 1; and NT TO OLIFF & BERRIDGE, all statements made herein of my and further that these statements or imprisonment, or both, under the validity of the application or Kaneda Family Name Kaneda Family Name Kaneda Tapan Country
	mailing address, including country)	12–3 Satsuki–cl	ho Kanuma-shi, Tochigi	322-8502 JAPAN

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

10/96

PA 2 OF U.S.A. DECLARATION FORM (Disc... d this page in a sole inventor application)

ne e			
itor (if any)	Akira		Tsutsumi
•	Given Name	Middle Initial	Family Name
:	Akira		Tsutsum)
	Jan.	, 9	2000
Tochigi	Month	Day	Year Japan
City		State or Province	Country
•		•	•
Post Office Address: (Insert complete mailing address, including country)			
ne	0 00000011 011	<u> </u>	
	Hirovuki		Hishinuma
	Given Name	Middle Initial	Family Name
e:	Hirosuki		Hishining
	Jan.	19,	2000
Month		Day	Year
Tochigi			Japan
		State or Province	Country
•			
Post Office Address: (Insert complete	c/o Sony Chemi	cals Corp. Dai-2 Fa	ctory
including country) me	12-3 Satsuki-cho	Kanuma-shi, Tochigi	322-8502 JAPAN
ntor (ij unij)	Given Name	Middle Initial	Family Name
re:			•
	Month	Day	Year
City		State or Province	Country
J ,			-
Post Office Address:			
-			
	Given Name	Middle Initial	Family Name
ге:			
:			
	Month	Day	Year
Cit.		State or Province	Country
City		State of 1 to vince	Country
ffice Address:			
(Insert complete			
mailing address,			
including country)			
	Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) ne or (if any) e: Month Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) me ntor (if any) re: City Post Office Address: (Insert complete mailing address, including country) me ntor (if any) re: City City City The complete mailing address (Insert complete mailing add	Akira Given Name City Japanese Post Office Address: (Insert complete mailing address, including country) Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) Given Name Tochigi City Fost Office Address: (Insert complete mailing address, including country) Given Name Tochigi City Fost Office Address: (Insert complete mailing address, including country) Given Name Tochigi City Fost Office Address: (Insert complete mailing address, including country) Given Name Tochigi City Fost Office Address: (Insert complete mailing address, including country) Tochigi Given Name Tochigi Given Name Tochigi City Fost Office Address: (Insert complete mailing address, including address, including country) Tochigi Given Name Tochigi City Fost Office Address: (Insert complete mailing address, including address, including country) Tochigi Given Name Tochigi City Fost Office Address: (Insert complete mailing address, including address, including country) Tochigi Toc	Akira Given Name Middle Initial Akira Tochigi Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) Tochigi City Japanese Post Office Address: (Insert complete mailing address, including country) Tochigi Tochigi City State or Province C/O Sony Chemicals Corp. Dai—2 Factorial State or Province State or Province Tochigi City State or Province Month Day City State or Province Fost Office Address: (Insert complete mailing address, including country) Interpolation Given Name Middle Initial Month Day City State or Province Fost Office Address: (Insert complete mailing address, including country) Interpolation Given Name Middle Initial Month Day City State or Province Fost Office Address: (Insert complete mailing address, including country) Interpolation Given Name Middle Initial Month Day City State or Province

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the

application to which it pertains.